



HIGH COST APPROVAL

11/2013

Client Name _____ Date _____

Team Member making request _____

Accounting Associate _____

Office Director _____

What will be funded with this request?

Did you get the required cost estimate? (\$2,000-\$4,900 requires 2 estimates; \$5,000 and above requires 3 estimates) Yes _____ No _____

TOTAL EXPENSES \$ _____

CLIENT CONTRIBUTION \$ _____

COMPARABLE BENEFITS \$ _____

HCF REQUEST (Total minus client contribution and comparable benefits) \$ _____

Exceptions

Do you also need a cost exception to Rule 72? Yes _____ No _____

If the request is for self-employment start up expenses attach a copy of the 'source and uses of funding' chart from the business plan.

If the items(s) require a report from ATP attach a copy of that report.

Send request to Angela Fujan, Program Director-Counseling